APPENDIX D

2010 VA TRI Reporting Forms

IPORTANT: Type or print; rea	d Instructions before complet	ting form)		Approved OMB Number: 202 eval Expires: 07/31/2011	5-0009 Page 1 of
EPA United States Environ	Right-to-l	FORM R 13 of the Emergency Plan Know Act of 1986, also Knod d Amendments and Reaut	own as Title III of th	**	ber tegory or Generic Name
WHERE TO SEND COMP		TRI Data Processing Center P. O. Box 10163 Fairfax, VA 22038	0.740.557.557.5	TE STATE OFFICE tions in Appendix E)	
his section only appl evising or withdrawir ubmitted form, other	g a previously	evision (enter up to	two code(s))	Withdrawal (enter	up to two code(s
IMPORTANT: See ins		when "Not Applicable (N			
SECTION A DEDO	1.4000	1. FACILITY IDENTI	FICATION INFO	RMATION	
SECTION 1. REPO		TION			
	E SECRET INFORMA			D 80 50	(-1
2.1 Yes (Answe	ne toxic chemical identified or question 2.2; ubstantiation forms)	on page 2 trade secret? No (Do not answer 2.2 Go to Section 3)	2.2 Is this copy	Sanitized swer only if "YES" in 2.1)	Unsanitized
	eviewed the attached docu	ant: Read and sign ments and that, to the best o rt are accurate based on reas	f my knowledge and	pelief, the submitted inform	ation is true and
Name and official title of ov	vner/operator or senior mar	nagement official:	Signature		Date Signed:
SECTION 4 EACH I	TY IDENTIFICATION	1	-		
4.1	IT IDENTIFICATION	1 3	TRI Facility ID Num	nber	
acility or Establishment Na	me	Facility or Establishme	nt Name or Mailing A	ddress (If different from stre	et address)
Street		Mailing Address			301 - 105
Lity/County/State/Zip Code		City/State/Zip Code			Country (Non-US
This report contains		An ent	b.	rt of a C A Fed	eral Goco
4.3 Technical Contact No					ber (include area code)
Email Address					
4.4 Public Contact Name				Telephone Numi	ber (include area code)
Email Address					
NAICS Code (s) (6 digits)	Primary a. b.	C.	d.	c.	f.
4.6 Dun & Bradstreet Number (s) (9 digits)	a. b.		•		<i>**</i>
SECTION 5. PA	RENT COMPANY IN	FORMATION			
5.1 Name of Parent Con	pany NA	S 155			
5.2 Parent Company's D	ın & Bradstreet Number	NA NA			

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(IMPORTANT: Type or print; read instructions before completing form)

Form Approved OMB Number: 2025-0009 Approval Expires: 07/31/2011

Page 2 of 5

PART II. TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.) 1.1 CAS Number (important: Enter only one number exactly as Rappears on the Section 313 list. Enter category code if reporting a chemical category.) 1.2 Toxic Chemical Category Name (important: Enter only one name exactly as Rappears on the Section 313 list.) SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.) SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY (Important: Check all that apply.) 3.1 Manufacture the toxic chemical: a. Produce b. Import If produce or import C. For on-site uselprocessing d. For sale/distribution e. As a pyroduct f. Enter two digit code from instruction packages SECTION 3. QUANTITY OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR 1.1 SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR 1.2 SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR 1.3 SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR 1.4 SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ON SITE AT ANY TIME DURING THE CALENDAR YEAR 1.5 SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE 1.6 1.7 1.7 1.8 1.8 1.8 1.8 1.8 1.8				TRI Facility ID Number
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If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box	938			
	3.3.3			

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*For Dioxin or Dioxin-like compounds, report in grams/year.

** Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

			10.00				
		FOR	MA D			TRI Facility II	Number
			RM R				
	PART II. CHEMICAL	SPECIFIC IN	IFORMAT	ION (CONTINU	ED)	Toxic Chemie	cal, Category or Generic Na
SEC	TION 5. QUANTITY OF THE						
		NA	A. Total range	Release (pounds code ** or estim		(enter	is of Estimate code)
5.4.1	Underground Injection onsite to Class I Wells						
5.4.2	Underground Injection onsite to Class II-V Wells						
5.5	Disposal to land onsite						
5.5.1A	RCRA Subtitle Clandfills						
5.5.1B	Other landfills		3				
5.5.2	Land treatment/ application farming						
5.5.3A	RCRA Subtitle C surface impoundments						
5.5.3B	Other surface impoundments						
5.5.4	Other disposal						
SECT	ON 6. TRANSFERS OF THE TO	CIC CHEMICA	L IN WAS	TES TO OFF-SIT	ELOCATIONS		
6.1 DI	CHARGES TO PUBLICLY OWNER	TREATMENT	WORKS	(POTWs)		
	Total Quantity Transferred to P	OTWs and Bas	is of Estin	nate	St. N		
5.1.A.	Total Transfers (pounds/year*) (enter range code ** or estimate)	0		6.1.A.2 Basis (ente	of Estimate er code)		
6.1.B	POTW Name						
POTW	Address	100		45			
City		State		County			Zip
6.1.B	POTW Name						
POTW /	Address						
City		State		County			Zip
If addit in this I	ional pages of Part II, Section 6.1 are box and indicate the Part II				es (example: 1,2,	3, etc.}	
	ON 6.2 TRANSFERS TO OTHER O	FF-SITE LOCA	TIONS				
SECTI		er (RCRA ID No.			1		
SECTI	Off-Site EPA Identification Number						
6.2.	Off-Site EPA Identification Number Location Name		-				
6.2. Off-Sit	-					28	Y2 0

EPA Form 9350 -1 (Rev. 10/2009) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year **Range Codes: A=1-10 pounds: B=1-499 pounds; C=500 - 999 pounds. (IMPORTANT: Type or print; read instructions before completing form)

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43			6			TRI Facility ID Number	
PA	ART II. CHEMICA	FORM I	R RMATION (CONTIN	IUED)		Toxic Chemical, Catego	ry or Generic Name
SECTION 6.2	TRANSFERS TO C	THER OFF-SITE LO	CATIONS (CONTINUE	D)			
	nsfers (pounds/yea nge code**or estima		of Estimate code)			e of Waste Treatment/D cling/Energy Recovery	
1.		1.			1. M	,	(circa coacy
2.		2.		7	2. M		
3.		3.			3. M		
4.		4.			4. M		
6.2Off-	-Site EPA Identificati	ion Number (RCRA ID	No.)	-			
Off-Site Locatio	n Name		'				
Off-Site Addres	5			1920			
City		State	County	Zip		Cour	
Is location und	er control of reporti	ng facility or parent co	mpany?	Yes [N	· 🔲
	fers (pounds/year e code**or estimate)		of Estimate r code)			of Waste Treatment/Dis cling/Energy Recovery	sposal/ (enter code)
1.		1.			1. M	ching/chergy Recovery	(enter code)
2.		2.			2. M		
3.		3.			3. M		
4.		4.			4. M		
THE RESIDENCE OF THE PARTY OF T		TREATMENT METHO	DDS AND EFFICIENCY				
Not App			ste treatment is applied chemical or chemical of				
a. General Waste Strear [enter code]			ent Method(s) Sequenc - character code(s)]	e		d. Waste Treatment Effi [enter 2 character co	
7A.1a	7A.1b	1	2			7A.1d	
	3	4	5				
7A.2a	7A.2b	7	8 2			7A.2d	
	3	4	5				
7A.3a	7A.3b	7	8 2		-	7A.3d	
78.34	3	4	5			7h.au	
	6	7	8		_		
7A.4a	7A.4b	1	5			7A.4d	
	6	7	8			<u> </u>	
7A.5a	7A.5b	1	2		- C	7A.5d	
	6	4	5 8				
If additional pag	es of Part II, Section		ndicate the total numb	er of pages in this	box		
and indicate the	Part II, Section 6.2/	7 page number in this	box: (example:	1,2,3,etc.)	<u>⊘</u>	16	

EPA Form 9350 -1 (Rev. 10/2009) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year

**Range Codes: A=1 - 10 pounds; B=11 - 499 pounds C= 500-999 pounds.

		FORM				TRI Facility ID Number	
		FORM P					
F	PART II. CHEMICAI	-SPECIFIC INFOR	MATION (CONTIN	UED)		Toxic Chemical, Category	or Generic Na
SECTION 6	.2 TRANSFERS TO O	THER OFF-SITE LOC	ATIONS (CONTINUE	0)			
	ansfers (pounds/year inge code**or estimate		of Estimate code)			e of Waste Treatment/Dis rcling/Energy Recovery	
1.		1.			1. M		
2.		2.			2. M		
3.		3.			3. M		
4.		4.			4. M		
2 0	ff-Site EPA Identification	W 200 1 200 3 to 100 4 2	10.)				
ff-Site Locat	ion Name						
ff-Site Addre	ess						
ity		State	County	Zip		Count (Non-	
	der control of reportin	facility or parent cor	mpany?	Yes [-	No.	10000
. Total Tran			of Estimate			of Waste Treatment/Disp cling/Energy Recovery	oosal/
1.		1.			1. M		
2.		2.			2. M		
3.		3.			3. M		
4.		4.			4. M		
	. ON-SITE WASTET		DS AND EFFICIENCY	3	4. 141		
Not Ap			te treatment is applied chemical or chemical c				
General Waste Stre [enter code			ent Method(s) Sequenc character code(s)]	•		d. Waste Treatment Effic [enter 2 character code	
7A.1a	7A.1b	1	2			7A.1d	
	3	4	5		L T		
7A.2a	7A.2b	7	8		-	7A.2d	
e e e e e e e e e e e e e e e e e e e	3	14	5			2 France	
	6	7	8			1	
A.3a	7A.3b	1	2			7A.3d	
	3	4	5				
7A.4a	7A.4b	7	8 2		-	7A.4d	
	3	4	5			2 Ficha	
	6	7	8		*		
7A.5a	7A.5b	1	2			7A.5d	
	3	4	5			=	
	6	7	8				

EPA Form 9350 - 1 (Rev. 10/2009) - Previous editions are obsolete. *For Dioxin or Dioxin-like compounds, report in grams/year

**Range Codes: A=1 - 10 pounds; B=11 - 499 pounds C= 500-999 pounds.

	ORTANT: Type or print; read instructions befo	re completing form)	A	oproval Expires: (7/31/2011	Page 5 of 5
	PART II, CHEMICAL-SPE	FORM R	(CONTINUED)		TRI Facility I	D Number al, Category or Generic Nam
SE	CTION 7B. ON-SITE ENERGY RECOVE	ERY PROCESSES				
		o on-site energy recove	ry is applied to any waste			
	Energy Recovery Methods [enter 3-charac		crieffical category.			
	1	2		3		
SEC	CTION 7C. ON-SITE RECYCLING PRO	CESSES				
	Not Applicable (NA) - Check here if no	on-site recycling is appli g the toxic chemical or o	ed to any waste			
_		0890	mennical category.			
	Recycling Methods [enter 3-character cod	2		3		
SECT	TION 8. SOURCE REDUCTION AND R	ECYLING ACTIVITIES	5			
	2	Column A Prior Year (pounds/year*)	Column 8 Current Reporting Year (pounds/year*)		nn C wing Year ids/year*)	Column D Second Following Year (pounds/year*)
8.1						
8.1a	Total on-site disposal to Class I Underground InjectionWells, RCRA Subtitle Clandfills, and other landfills					
8.1b	Total other on-site disposal or other releases					
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills					
8.1d	Total other off-site disposal or other releases					
8.2	Quantity used for energy recovery onsite					
8.3	Quantity used for energy recovery offsite					
8.4	Quantity recycled onsite					
8.5	Quantity recycled offsite					
8.6	Quantity treated onsite					
8.7	Quantity treated offsite					
8.8	Quantity released to the environment a or one-time events not associated with			S.		
8.9	Production ratio or activity index					
8.10	Did your facility engage in any source r year? If not, enter "NA" in Section 8.10.			reporting		
	Source Reduction Activities [enter code(s)]		Methods to identify /	Activity (enter co	des)	
8.10.1	1.		ь.		c.	
8.10.2	2.	- 4	b.	- 4	c.	
8.10.3	2.	2	b.		c.	
8.10.4			b.		c.	

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*For Dioxin or Dioxin-like compounds, report in grams/year.

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Page 1 of 4

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onm	ates nental Protect									RMATION (c	
SEC	TION 5. C	5.1	NA NA	DIOXIN A	5.2	NA NA	COMPC	5.3	Discharge	IRONMENTAL MEDIUI es to receiving streams of a for one stream or water	r water bodies
				e or non- emissions		Stack o		1A AS.	5.3.1	5.3.2	5.3.3
	1							N			6
	2				5			0	9		
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(example: 1,2,3, etc.)

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and indicate the Section 5.3 page number in this box

Form Approved OMB Number: 2025-0007 Approval Expires 07/31/2011

Page 2 of 4

(IMPORTANT: Type or print; read instructions before completing form)

TRI Facility ID Number FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC IN FORMATION (continued) SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE Underground Injection 5.5 Disposal to land onsite 5.4.1 NA 5.4.2 NA 5.5.1.A NA 5.5.1.B NA 5.5.2 5.5.3A 5.5.3B 5.5.4 NA NA NA Underground RCRA Subtitle C Other landfills RCRA Subtitle C Other disposal Underground Land treatment/ Other surface Injection onsite Injection onsite landfills application farming surface impoundments to Class I Wells to Class II-V impoundments Wells Mass (grams) of Each Compound in the category (1-17) 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 ö 17

in Orthon	Type of print, read if	nstructions before con	ipleting form)		/ ppiovai L	Expires:07/31/2011	TRI Facil	Page 3 of 4 ity ID Number
		FOF	RM R Scho	edule 1		1	Tranden	ity ib itumber
PAF	RT II. CHE	EMICAL-S	SPECIFIC	INFORMA	ATION (co	ntinued)		
			DIOXIN-LIKE CO		ASIES IO OFF-S	SITE LOCATIONS		
6.1 DISC	HARGES TO PU	IBLICLY OWNER	TREATMENT W	ORKS (POTWs)				
	1		6.1.A.3 Mass (g	rams) of Each Cor	npound in the Cate	egory (1-17)	To a Control of the C	
1	2	3	4	5	6	7	8	9
0	11	12	13	14	15	16	17	r.
3.2 TRANS	SFERS TO OTHE	R OFF-SITE LO	CATIONS					
6.2.		D.	Mass (grams) of Ea	ch Compound in t	he Category (1-17)			
1.	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17
2.	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17
3.	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17
4.	1	2	3	4	5	6	7	8
)	10	11	12	13	14	15	16	17
6.2.		D.	Mass (grams) of Ea	ch Compound in th	ne Category (1-17)			
1.	1	2	3	4	5	6	7	8
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2.	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17
3.	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17
4.	1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16	17

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				EOD	MRS	chi	dul	^	4						TRI Facility	/ ID Number	
				record of the second					Brasso								
	F	'ART II.	CHEM	ICAL-S	PECIF	IC	INF	OF	KM/	1110	ON (co	ont	inued)				
e e	SEC	CTION 8. SOU	RCE REDUC	TION AND R	ECYCLING	ACTI	VITIES	FOF	R DIO	(IN AI	ND DIOXIN	N-LII	KE COMP	OUNDS (curr	ent year onl	Λ)	
		8.1a	8.1b	8.1c	8.1d	8	.2		8.3		8.4		8.5	8.6	8.7	8.8	
p.	10	Class 1		Class 1	1	salfor	overy	fo	Quantity or ener ecover ffsite	gy	Quantity recycled onsite		Quantity recycled offsite	Quantity treated onsite	Quantity treated offsite	Quantity rel to the envirc as a result of remedial ac catastrophic events, or of time events associated w production processes	onment of ctions, c one- not
	1	e.				10											
category (1-17)	2	25				5							in the second				
J.	3	tr.				45							er e				
tego	4					-							8				
	5																
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(grams)	12																
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	0k 25	ICC DELEACI		vires: 07/31/2011	Page 1 of —
⇒ EPA	IOX	ICS RELEASE		NIORY	
United States Environmental Protection Agency		FORM A	1		
WHERE TO SEND COMPLETED FORMS:	P. O. Box 10 Fairfax, VA	163	(See instruc	ATE STATE OFFICE tion in Appendix E)	TRI Facility ID Numb
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank	Revision (e	enter up to two code(s)		Withdrawal (ent	er up to two code(s)
	in all a Win	AE-N-OVANDA-			
IMPORIANT: See instructions to determ		TY IDENTIFICA			
SECTION 1. REPORTING YEAR		-	11014 1141	ORMATION	
SECTION 2. TRADE SECRET IN		ON			
Are you claiming the toxic chemical idea Yes (Answer question 2.2; Attach substantiation forms)	No (Do	2 trade secret? o not answer 2.2; to Section 3)	Is this copy (Ans	Sanitized wer only if "YES" in 2	Unsanitized
SECTION 3. CERTIFICATION	(Important:	Read and sign af			unica martin
Thereby certify that to the best of my knowledge an 372.27 (a), did not exceed 500 pounds for this repor million pounds during this reporting year.					
Name and offical title of owner/operator or senior ma	nagement official:		Signature:		Date Signed:
					•
SECTION 4. FACILITY IDENTI	FICATION				
4.1		TRI Facility ID Number			
Facility or Establishment Name		Facility or Establishment N	lame or Mailin	g Address (If different from	n street address)
Street		Mailing Address			
City/County/State/Zip Code		City/State/Zip Code			Country (Non-U.
2 This report contains information for: (Important	Check cord if a	pplicable)		c. A Federal facility	d. GOCO
3 Technical Contact Name				Telephone Number (inc)	nde area code)
Email Address					
.4 Public Contact Name				Telephone Number (in	clude area code)
Emzil Address		80		1	
5 NAICS Code (s) Primary (6 digits) a.	b.	c.	4	e.	f
.7 Dun & Bradstreet a Number (s) (9 digits) b.					
SECTION 5. PARENT COMPAN	Y INFORM	ATION			
5.1 Name of Parent Company NA NA		92			
Parent Company's Dun & Bradstreet Number	NA				

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(IMPORTANT: Type or print; read instructions before completing form)	Pageof
EPA FORM A PART II. CHEMICAL IDENTIFICATION TRIFID):
Do not use this form for reporting PBT chemicals including Dioxin and Dioxin-like Compounds*	1000
SECTION 1. TOXIC CHEMICAL IDENTITY Report_	_ 56350x
1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical	l category.)
1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive	re.)
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	ion 1 above)
2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation)	on.)
SECTION 1. TOXIC CHEMICAL IDENTITY Report_	of
1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemic	cal category.)
1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive	ve.)
SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	ion l above)
Generic Chemical Name Provided by Compliar Comportant Mariana - 670 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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2.1 Generic Chemical Name Provided by Supplier (important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation SECTION 1. TOXIC CHEMICAL IDENTITY Report	
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*See the TRI Reporting Forms and Instructions Manual for the list of PBT Chemicals (including Dioxin and Dioxin-like Compounds)

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